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ABSTRACT

Education is key tc helping people make informed, healthy choices. Children must be healthy in order to learn. Each year approximately 2.5 million children and adolescents are victims of physical, sexual, or emotional abuse or neglect. A similar number of teens become infected with sexually transmitted diseases. To combat these and other health-related problems, school health programs are becoming more comprehensive. Good programs have direct instruction, health services or referrals, and a healthy school environment. Ideally, health programs start in kindergarten and continue through grade 12, include teacher training, have research and evaluation components, and are coordinated by a professional health educator. Developing a comprehensive program consists of 12 steps: (1) making student and staff health a priority; (2) making a policy commitment; (3) forming an advisory committee; (4) assessing health attitudes, behaviors, values, and needs; (5) setting goals and evaluation criteria; (6) deciding on curricula; (7) appointing a coordinator; (8) investing in a staff wellness program; (9) providing staff development; (10) generating long-term funding and commitment; (11) fostering community involvement; and (12) ensuring evaluation and accountability. Appendix A provides a self-evaluation form for school districts' health education activities. Appendix B lists agencies that offer assistance in health promotion. Appendix C lists the school-related objectives of the Public Health Service. (EJS)

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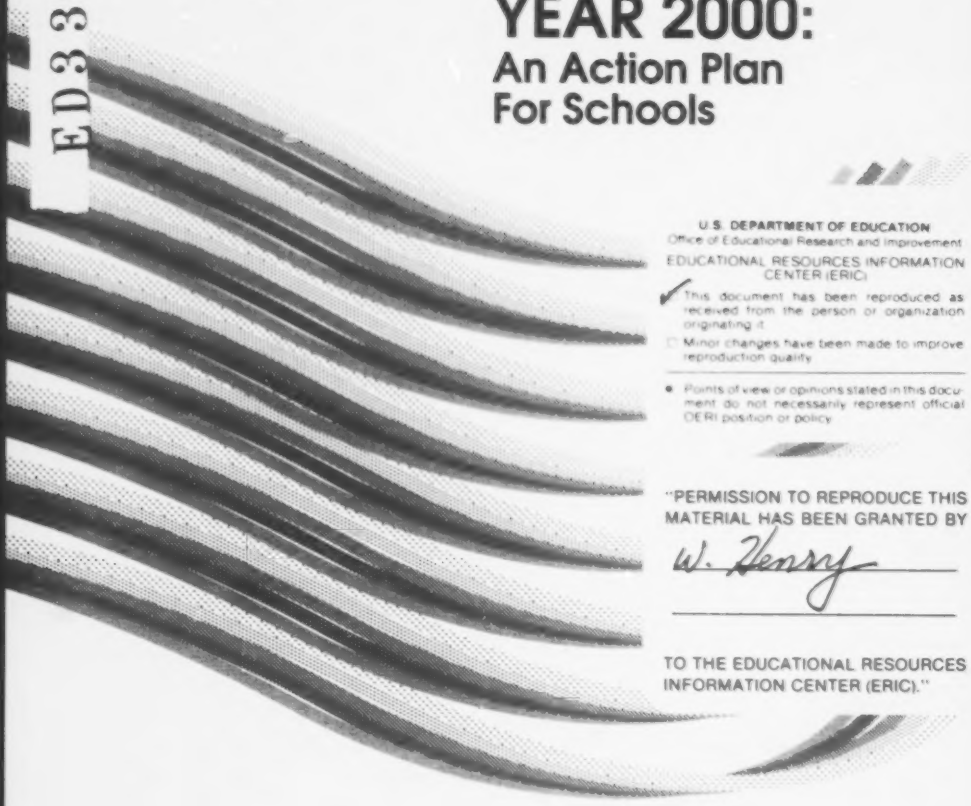
HEALTHY KIDS FOR THE YEAR 2000:

An Action Plan For Schools



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Foreword

Every five years, our nation's bill for health care doubles.(1) By 1995, it will reach nearly $1 trillion.(2) In short, our future health costs are quickly outpacing our ability to pay for them. Even more, our nation is at risk because a large and growing percentage of those who require health care—and often do not get it—are children and youth. The fact is that unhealthy kids don't learn, and they often become unhealthy adults. Our country's need for a healthy work force to compete in our increasingly competitive global economy makes the issue of health all the more pressing.

A call to action is paramount. That's why the U.S. Secretary of Health and Human Services, working with over 300 national organizations, state health departments, and the National Academy of Sciences, has launched "Healthy People 2000." This national public health initiative spells out the health promotion and disease prevention objectives that are critical for the future.

The American Association of School Administrators is one of nine national groups chosen by the U.S. Public Health Service to help promote Healthy People 2000. This guidebook is a response to this charge.

In pulling together the materials for this publication, AASA organized two task forces made up of superintendents, health education teachers, principals, curriculum and personnel directors, and other educational leaders from various regions of the U.S noted for their involvement in outstanding health education programs. Their best ideas are here.

Clearly, as leaders in the nation's schools, we must be on the forefront of this effort. We must make children's health a local, state, and national priority. Schools reach 95 percent of children. We, as school leaders, have the greatest opportunity to teach children about personal responsibility for health. They must know with no uncertainty how their daily decisions about diet, smoking, exercise, alcohol and drug use, sexual activity, and safety will have an impact on the extent to which they will live happy, productive, and fulfilling lives. Their future and our futures depend on it.

Richard D. Miller
Executive Director
American Association of School Administrators

Introduction

"Good health and learning are intimately connected," says Clark Hansbarger, M.D., the assistant chairman of the department of pediatrics at the University of New Mexico School of Medicine. Children and youth who have health problems, who abuse drugs, or who engage in other self-destructive behaviors are more likely to have academic and social problems or even to drop out of school. Children who fail in school may well be unemployable.

Consider these facts about the dismal state of American students' physical, emotional, and mental health today:

Alcohol abuse. Recent statistics confirm that:

- 4.6 million teens use alcohol.(3)
- Thirty-nine percent of high school seniors reported they had gotten drunk within the previous two weeks.(4)
- Roughly four to six elementary school-age children out of 25 live in a family where a member abuses alcohol or other drugs. Studies show such children are prone to learning disabilities, eating disorders, delinquency, truancy, and teen pregnancy.(5)

Poverty. Poverty affects one in five children, 12.6 million children in 1989. Poor children are more likely to suffer from gross malnutrition, recurrent and untreated health problems, psychological and physical stress, child abuse, and learning disabilities.(6,7)

Abuse. Every year almost 2.5 million children and adolescents are reported to suffer physical, sexual or emotional abuse or neglect.(8) One in four girls and one in 7 to 10 boys are sexually abused before the age of 16.(9)

Cigarette smoking. Cigarette smoking hooks 20 percent of youth ages 12 to 17, despite the fact that they know it's harmful. Most teens try cigarettes before age 11.(10)

Eating Disorders. Obesity is a problem for at least one in five teenagers, and excess weight plagues one in four.(11) Over the last 20 years, the incidence of anorexia nervosa has doubled.(12)

Suicide. Suicide is the second leading cause of death among young people ages 15 to 24.(13)

Sexually transmitted diseases. It is estimated that 2.5 million teens are infected with sexually transmitted diseases each year.(14)

Insufficient exercise. Fifty percent of girls and 30 percent of boys ages 6 to 17 can't run a mile in less than 10 minutes, a standard of accept-

able fitness set by the President's Council on Physical Fitness.(15)

Pregnancy. One million teenage girls—nearly one in 10, get pregnant each year.(16)

What is needed to reduce or prevent these alarming statistics? Schools that want to have an *immediate* impact on the health and well-being of their children must ensure that their school health education programs are nothing less than comprehensive.

Can schools affect these alarming trends? The experts, some of whom are listed below, say a part of the answer lies in comprehensive health education programs.

AASA TASK FORCE PARTICIPANTS

Dr. George L. Benson, Superintendent
Centennial School District, Portland, Ore.; 503/760-7990.

Dr. William R. Bleakney, Superintendent
Bainbridge Island School District, Bainbridge Island, Wash.; 206/842-4714.

Dr. Jack Bobroff, Albuquerque Public Schools, Albuquerque, N.M.; 505/842-3633.

Dr. Floyd Buchanan, Superintendent
Clovis Unified School District, Clovis, Calif.; 209/297-4000.

Dr. Randall Collins, Superintendent
Easthampton Public Schools, Easthampton, Mass.; 413/527-1510.

Kathy Dutney-Sweet, Certified Health Education Teacher
Akron Public Schools, Akron, Ohio; 216/434-1661.

Richard Fitzpatrick, Associate Superintendent
Beaver Dam Unified School District, Beaver Dam, Wis.; 414/8877131.

Dr. George Gustafson, Superintendent and Principal
Oak Park-River Forest High School, Oak Park, Ill.; 708/383-0700.

Dr. David Hatton, Director of Classified Personnel and Pupil Services
Los Alamitos Unitied School District, Los Alamitos, Calif; 213/430-1021

Eileen Hawblitzel, Supervisor
Health Education and Health Services, Manatee County, Bradenton, Fla.; 813/741-7251.

Dr. Russell Joki, Superintendent
Tigard School District 23J, Tigard, Ore.; 503/620-1620.

Dr. Kurt Kaiser, Superintendent
Coon-Rapids-Bayard School District, Coon Rapids, Iowa (Former Superintendent, Lake View-Auburn Community School, Lake View, Iowa); 712/684-2207.

Dr. Jane A. McDonald, AASA Project Manager, HEALTHY PEOPLE 2000 Campaign; Reston, Va.; 202/994-3784; 703/476-2355.

Dr. Robert Reidy, Jr., Superintendent
East Greenbush, N.Y.; 518/477-2755.

Dr. Francis J. Roberts, Superintendent
Cold Spring Harbor Central School District, Cold Spring Harbor, N.Y.; 516/692-8036.

Len Tritsch, AASA Health Issues Consultant
Portland, Ore.; 503/222-4864.

Dr. George E. Taylor, Superintendent
Pfaff Elementary School, Quakertown, Pa.; 215/536-2300.

Dr. Lee A. Wicklund, Associate Superintendent for Instructional and Personnel Services
Mercer Island School District 400, Mercer Island, Wash.; 206/2363300.

Bill Williams, Superintendent of Schools
Flagstaff, Ariz.; 202/527-6000.

Lynda Yule, R.N., School Nurse and Health Educator
Prosser School District, Prosser, Wash.; 509/786-3323.

What is a Comprehensive School Health Education Program?

In many school districts, the health education curriculum has taken a back seat to academic subjects. Indeed, many of the AASA task force members admitted it took a crisis—the suicide of a child, or the academic failure of substantial numbers of children, for example, before they examined the impact of health on learning and committed themselves to a comprehensive approach to health education.

Today, school health programs are broadening their scope. While comprehensive school health programs vary according to community needs and desires, good programs share three common components:

- **Direct instruction** on disease prevention, wellness, as well as life skills and behaviors.

- **Health services** provided by the schools or as a referral system to community resources.

- **A healthy school environment** (a smoke-, drug-, chemical-, violence-, and hazard-free campus where nutritious choices are available in the cafeteria, for example). A healthy school environment is also one that is nurturing and supportive, and where adults provide healthy role models for students.

More and more districts are also including an employee wellness program in their definition of comprehensive school health education. Some districts include instruction in—and information about—health occupations.

Ideally, the comprehensive health education program:

- Starts in kindergarten and builds coherently from one grade to the next through grade 12.

- Employs a research and evaluation component to reach its goals.

- Includes teacher training.

- Is coordinated by a professional health educator.

10 Benefits of Comprehensive School Health Education Programs

The task forces identified the following payoffs of good comprehensive school health education programs:

- Less school vandalism
- Improved attendance by students and staff
- Reduced health care costs
- Reduced substitute teaching costs
- Better family communication, even on sensitive issues such as sexuality
- Stronger self-confidence and self-esteem
- Noticeably fewer students using tobacco
- Improved cholesterol levels for students and staff
- Increased seat belt use
- Improved physical fitness

A 12-Step Action Plan for Developing a Comprehensive Health Education Program

Planning to develop or improve a comprehensive health education program for a district is an involved process. Like any long term districtwide improvement program, a comprehensive school health program requires a district first to establish priorities, goals, and objectives. These will be incorporated into staffing, funding, program development, implementation, and evaluation.

School superintendents with exemplary health education programs recommend following twelve steps to promote and carry out effective health education programs. Many of the steps can occur simultaneously, in different order, or be tailored to individual districts' needs and timeliness.

These basic steps do provide a checklist for getting started or fine-tuning an existing program. (Appendix A, on page 18, provides an assessment checklist for school administrators.) Each district and community will want to establish its own plan of action and a realistic implementation time line to meet unique needs.

1. Make the Health of Students and Staff a Priority for Your Schools

When school leaders, including school board members, make the health of students and staff a priority, design policy, and support funding for a program, the chances for the program's success are greatly enhanced.

2. Make a Policy Commitment to Comprehensive School Health Education.

When developing a sound health policy, school leaders will want to:

- Consider the scope of local health concerns.
- Consider state and federal requirements.
- Review the national health objectives in this booklet (See Appendix C, on page 27)
- Visit successful programs and bring in speakers to talk about school health.
- Be willing to weather controversies related to family, religious, and cultural beliefs and values.
- Be ready to use a reasoned approach in taking stands against local

businesses whose products may be damaging to health, even if their taxes help support the school system.

- Prepare a written policy and share it with others—especially school staff and school board.

3. Form a School Health Education Advisory Committee or Task Force. This group can give direction, assist with activities, and provide feedback on health education needs and programs. Keep the committee small with leaders from these and other appropriate groups:

- Parents
- Students
- School board members and administrators
- School health education and nutrition experts
- Community health professionals
- State and county health and education officials
- Universities
- Business and industry
- Religious organizations.

4. Assess Health, Attitudes, Behaviors, Values, and Needs. While national statistics reflect trends, they do not necessarily mirror what's happening in each community.

If staff, particularly, feel skeptical of a comprehensive approach, you'll need to explore why. They may feel:

- Resistant to change (e.g., smokers may dislike a smoke-free policy).
- Apathetic.
- Resentful about extra work, or concerned about an overcrowded teaching schedule.
- Fearful of controversy.
- Unsure of their ability to master new subject areas and teaching methods.

Health Screening Tests

When assessing needs, use confidential health screening tests to identify high risk students and staff. Blood pressure; fitness, including strength, endurance, flexibility and body fat; hearing; and vision are typical health screening tests. Computerized health risk assessments for general health, stress, nutrition profiles, and heart risk also provide valuable health data and engage students' and staff's interest in their own personal health.

By the same token, a few parents and community members often oppose comprehensive health education and school-based health clinics over controversial issues such as education about sexuality. Some parents feel that comprehensive health programs interfere with their rights to teach their children their own beliefs and values about sexuality, for example.

Finally, take a look at current school courses, and school and community programs and services and ask:

- Are they congruent with the values expressed?
- Do they reflect the community's philosophy about the core elements of good health?
- What attitudes and behaviors will need to be addressed?
- How adequately do current programs meet our needs?
- What do we need to change, add, delete?

Sample Goals and Objectives

The Clovis, California, Unified School District (CUSD) included these goals and objectives in its drug and alcohol abuse program:

Goal: PREVENTION
By spring 1992, CUSD will experience a frequency of reported drug use that is significantly lower than the district's 1987 findings.

Objectives

- **All students will participate in a core K-12 "wellness" course of study.**
- **All students will participate in a substance abuse prevention curriculum throughout their K-12 curriculum with a focus on self-awareness, decision making, and coping actions.**

Goal: INTERVENTION
District intervention with drug-involved students will result in discontinued drug use.

Objectives

- **All students K-12 will be able to use the student assistance counselor on campus.**
- **All students and parents will be made aware of various intervention possibilities.**

5. Set Goals, Objectives, and Evaluation Criteria.
This should be done at both the district and school levels and communicated to all. As with establishing policy, this step can be a messy one, as a wide variety of family, religious, and cultural values can make emotions run high.

Flexibility will be important. An "opt out" policy that allows students to be excused from certain subject matter can address parents' discomfort with sensitive curriculum, for instance. New programs can be phased in so the staff is not overwhelmed; and collaboration during planning and goal setting can ensure workable solutions.

The seriousness with which school leaders approach this task is demonstrated by the Clovis, California, schools. There, administrators and staff formulated this goal: 90 percent of our kids will achieve good physical fitness. This was done, according to Superintendent Floyd Buchanan, because: "Our new premise is that good physical health is mandatory for academic performance."

Program goals must address prevention, crisis intervention, and follow-up. Instructional goals and objectives should be age-appropriate, and should allow qualitative and quantitative feedback. Is it relevant to students? Is it interesting to students and staff? Does it work? Define clearly how you will judge curriculum ideas and modifications, but be flexible. Guidelines should not be so strict that they can't be modified to keep up with changing needs.

In addition to curriculum goals, there need to be goals that relate to school leadership and staffing; staff development; sustained commitment and involvement of the community; and building awareness at the local, state, and national levels. Policies on the overall evaluation of and accountability for comprehensive school health are also a must.

6. Decide on Curricula.
Decisions about curricula and how to integrate health into existing programs can be made only after the concept of a comprehensive health education program has been accepted.

There are many good curricula available. It may be possible to adapt exemplary programs from other schools. Other sources for curricula include the government and private organizations. Some are listed in the resource section of this booklet.

As already noted, curricula must be developmentally appropriate and relevant to all students. Students need candid age-appropriate information on topics including:

- Community health services.
- Death and dying.

- Disease prevention, including sexually transmitted diseases and HIV disease.
- Drug and alcohol abuse prevention
- Eating Disorders.
- Environmental health.
- Family life education, including teenage pregnancy prevention.
- Mental/emotional/social health.
- Nutrition.
- Personal health and growth.
- Physical fitness.
- Safety and first aid.
- Substance use/abuse, including steroids.
- Suicide prevention.
- Wellness.

Health education and skills training can blend into existing curricula. For example, the U.S. Department of Education recently developed a curriculum model called, "Learning To Live Drug Free," which includes lessons on prevention of drug abuse that can be infused in such core academic subjects as mathematics, language arts, social studies, and art or music classes.

Caveats: Think about how to teach or improve nutrition without alienating a multicultural student body of varying socioeconomic levels, for example. Make sure the school is sensitive to diversity, as well.

Also, look at ways to make human sexuality curricula sensitive to parental values and relevant to student's needs.

7. Appoint a Health Coordinator.

Choose a strong leader to oversee the school health education program districtwide, preferably a professional health educator. Be sure the leader has sufficient time and expertise to run the program and make it work. He or she will need to be knowledgeable about other school health programs, and politically astute in working with community groups and coalitions.

Typical job responsibilities include:

- Coordinating the development of health curriculum with input from an advisory committee
- Training new teachers
- Organizing and leading parent-information meetings
- Writing grants
- Scheduling and coordinating health screening activities and follow-up with community health professionals and volunteers
- Administering the staff wellness program
- Teaching portions of curriculum.

8. Invest in a Staff Wellness Program.
Many school districts include school staff in their comprehensive health education program. A typical wellness program offers employees periodic physical exams and health screening tests, followed by a meeting with the school nurse or health educator to set goals for better personal health. School-sponsored activities range from quit-tobacco use classes and stress management workshops to aerobics and power walking classes.

"Wellness for employees—that's where you start," says Eileen Hawblitzel, supervisor for health education and health services in the Manatee County, Florida, schools. "A healthy staff will provide the example for kids, and staff will be more productive."

A staff wellness program need not put a strain on school budgets. Oak Park School District in Illinois believes its program has more than paid for itself. For example, health problems picked up during routine screenings meant, "Employees returned to work after 10 days and a minor operation instead of a six- to eight-month recovery," says Superintendent George Gustafson. "Since our district's health plan is a self-insured plan for the first $2 million, the money we save is our own."

As part of a staff wellness program, recognize staff who show lifestyle and health improvements. This will both spur enthusiasm and reward hard work. Clovis, California, for example, rewards employees who've improved their health or lifestyle with an "employee of the month" feature of the staff wellness letter. Bradenton, Florida, employees celebrate staff success at an annual dinner with lavish prizes donated by local businesses.

Ensure staff wellness program continuity by assigning this responsibility to a professional health educator, and provide consistent funding and frequent publicity to ensure the program's success.

9. Provide Staff Development To Ensure Winning Teaching Methods.
In addition to providing for staff wellness, districts should provide ongoing staff development and training that will enable teachers to incorporate new and different health curricula and instructional strategies that have proven effective.

Teachers will need to be comfortable and capable in the following methods:

Using action-oriented instruction. For example, teachers will want to use role playing activities to make sure students learn how to resist peer pressure to smoke or engage in other risky behaviors. Action-oriented instruction can also be used successfully in teaching nutrition concepts and providing environmental health experiences.

Enlisting peer leadership and support. It is helpful to use cooperative learning methods, including small groups and cross-age instruction to involve students in learning and in building self-esteem. In the Easthampton, Massachusetts, Dropout Prevention Program, seventh graders considered at risk present a puppet show on prejudice to first- through third-grade students. Superintendent Randy Collins says he's seen older children blossom with the enthusiastic reception they receive from youngsters. "When we let kids experience success, they begin to believe in themselves. With a healthy self-esteem, kids can aspire to graduate from high school, or aspire not to take drugs."

Peer support for life-styles and behavior is essential. The message to say no to drugs or to sex can't come from a teacher, says one school leader. Members of peer organizations, such as Students Against Drunk Driving (see page 26), should be invited to speak.

Involving parents. Family health habits have a strong influence on health behaviors of children. Parent involvement and learning builds family communication, and improves parents' support for school health. For example, in Akron, Ohio, one family homework assignment asks children to check the cereals for the leading ingredient. Kids typically express outrage when they notice that all the choices show sugar as the first ingredient, and often suggest their parents buy at least one healthier alternative, according to Akron teacher Kathy Dutney-Sweet.

Teachers will need to provide ways parents can become familiar with materials and lesson plans in sensitive subject areas, including sex education, AIDS, alcohol and other drug education, and child abuse prevention. Bradenton, Florida, places the curriculum for sex education in the public library, for instance.

"We involve parents in [our human sexuality program] in two ways," says Eileen Hawblitzel, supervisor of Health Education and Health Services in the Manatee County, Florida, Schools. "We send home details on the teacher's grade-level objectives and provide tips on how parents can teach values at home. And we offer parent education courses to help teach parents how to talk to their children about sexuality."

Teachers also will need to advise parents in writing that they have the choice to opt children out of sensitive portions of health programs, if such a policy exists.

Engaging students in their own learning. The best teaching methods engage students, physically and mentally, in learning by providing hands-on, immediate examples. Teachers may let students try a flouride rinse, for instance, or expose them to controversial subjects or divergent viewpoints.

One district, for example, planned a debate on teen parenting with panelists that included a Lutheran minister, a Planned Parenthood counselor, and a Birthright representative (a pro-life service organization for pregnant women who plan to give their babies up for adoption). Appendix B, on page 20, includes some valuable sources of information and materials, both on the local and national levels.

10. Seek Long-Term Funding and Commitment.
Effective comprehensive health education programs require a long-term commitment to solutions. They must be a part of long-term development plans, programming, and budgets.

While school districts may use targeted state or federal funds to hire a professional health educator and train staff, a local commitment of resources is essential for the broad efforts needed in health education. Look to the medical and youth-serving agencies, and to local businesses and service clubs to supplement what the district is doing. For example, check whether your county's substance abuse education funds can be applied to related school programs that build students' self esteem.

11. Foster Sustained Community Involvement.
The success of a school health program is tied closely to community support. And the best way to foster that support is to seek members of the community to aid you in your efforts. Don't wait for the community to come to you and don't be afraid to ask. Many will welcome the opportunity to volunteer time; share expertise; and donate materials, facilities, and money.

Another strategy is to build coalitions with organizations to cooperatively plan programs that feature community guest speakers and provide

Postcards: An Opportunity for Kids to Communicate

When I cover a unit, it often stirs up feelings—and kids need a chance to process what they've learned. ...I give them a 3" x 5" card and invite them to write down questions.

Some kids won't say a word in class, but they'll write their hearts out on that card! Two or three students talked about suicide. Another admitted she was being sexually molested by a girlfriend's brother. We went and got help."

—Certified Health Education Teacher, Ohio

school-based services, including collaboration with health providers and other service-oriented community members.

In Easthampton, Massachusetts, community social service agencies offer on-campus office hours for middle-school and high-school students. Says Superintendent Randy Collins, "Kids have convenient access and are more comfortable dropping by a familiar place. Then, should they need to go downtown for follow up, at least they'll know a familiar face."

A district also might want to develop a local coordinating council such as the 11-member Youth Coordinating Board, organized in Minneapolis in 1986. Such a council can address needs as diverse as expansion of health services in schools, youth-gang intervention, volunteer service activities, and a strategic plan for strengthening local resources for the benefit of children and families.

12. Ensure Evaluation and Accountability

To keep up with fast-changing needs, you'll want to evaluate your health program regularly, based on the evaluation criteria you established in the development phase. School districts need to formally evaluate whether or not students and teachers find material interesting and relevant, and whether or not a program is having the desired impact on behavior. Ask students, parents, community members, and faculty for ways to invigorate and personalize the program. Then, regularly update and modify programs based on the feedback you receive.

Building Awareness of Health Needs

It's not enough for local school leaders to be concerned with health education only in their schools. Each of us must do our share to build awareness of the health problems Americans face and to foster solutions. For example, studies show that $1 spent on childhood immunization programs saves $10 in later medical costs; a $1 investment in quality preschool education returns $4.75, because of lower costs of special education, public assistance, and crime.(17) These are the types of facts we can bring to our legislators and to the public to generate support. We also must share our program successes, so that other school and community leaders can replicate them.

It's particularly important to:

Work with the news media. Consider the news media an ally in building understanding and support for comprehensive health education.

In Clovis, California, school leaders found that newspaper publicity for their Safehomes program generated considerable enthusiasm. The paper listed the names of parents who pledged they would supervise any parties in their homes to ensure that young people did not drink alcohol, take drugs, or engage in sex. "With their name in the paper, parents felt proud to be part of the project, and responsible for living up to their pledge!" says Susan Fugman, of Clovis.

Conclusion

Education is the key to helping people make informed, healthy choices; and children need to be healthy in order to learn. We must invest now in comprehensive school health education programs, or bear the consequences tomorrow of increased crime, welfare dependency, delinquency, and ever-more burdensome health care costs.

Our nation can be healthier if citizens pull together and work at it. You can make change happen in your school system. "Be patient, be persistent," says a school leader in Prosser, Washington. "But, start!"

LEGISLATIVE GOALS TO ENCOURAGE AND SUPPORT

- **Flexibility in funding.** Legislative support for comprehensive school health education programs should be flexible, so school districts can decide how funds are used. This allows districts with no comprehensive health education programs to create and maintain them, and those with extensive programs to expand and adjust them.

- **A ban on T.V. alcohol advertisements.** The message conveyed by advertising is that "getting wasted" is still an accepted practice among youth. Television advertisements link beer, wine and wine coolers to sex, fun, sports, friends, and a carefree life-style.

- **Stronger laws** on firearms, public smoking, food additives, and, pesticide control and other environmental problems.

- **Enactment and enforcement** of laws limiting sale of tobacco products to minors.

- **Funding for the training of certified health educators,** since district programs managed by health professionals are stronger than those without professional, expert leadership. There are only about 1,500 certified health educators in the country's 16,000 school districts.

- **Legislation** that guarantees adolescents access to health services regardless of their ability to pay.

- **Full federal funding** of federal initiatives to clean up environmental hazards at schools.

- **Legislated incentives** for employee assistance programs.

- **Regular reporting by the government** on progress in health education in states, communities, and schools.

- **State and federal funding** of programs that recognize outstanding progress in meeting the National Health Objectives for the Year 2000. For instance, an "Annual Check-up" could help bring national attention to health issues.

Footnotes

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12. Teens in Crisis: Preventing Suicide and Other Self Destructive Behaviors. American Association of School Administrators, 1989.
13. "AIDS Prevention Guide: For Parents and Other Adults Concerned About Youth." Department of Health and Human Services, Public Health Service, Centers for Disease Control, Atlanta, Georgia, 1989.
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Appendix A

Healthy People 2000: The Role of the Schools

Over the next decade, prevention and health promotion, rather than treatment, are the focus of most of the Year 2000 Objectives. Schools can play a significant role through both the education of young people and as major employers in many communities.

The Educational Program: How Does Your District Measure Up?

Respond to each question in terms of elementary-aged students, middle/junior high students, and senior high students.

	Current Situation			Anticipated Change in Emphasis		
	Formal Program	Not Formal But Happens	Not Likely to Happen	Increase in Emphasis	No Change in Emphasis	Reduction in Emphasis
MY SCHOOL DISTRICT PROVIDES STUDENTS WITH:						
Planned, sequential, comprehensive school health education program:	1	2	3	1	2	3
Education about nutrition and sound dietary practices:	1	2	3	1	2	3
Education about health concerns associated with being overweight:	1	2	3	1	2	3
Education about health problems associated with smoking or use of smokeless tobacco products:	1	2	3	1	2	3
Education about health and safety problems associated with use and/or abuse of alcohol:	1	2	3	1	2	3
Education about health problems associated with use of marijuana, cocaine, etc.:	1	2	3	1	2	3
Education about health problems associated with use of anabolic steroids:	1	2	3	1	2	3
Education about importance of leisure time activity/exercise:	1	2	3	1	2	3
Education about psychological health needs and problems:	1	2	3	1	2	3
Age-appropriate sexuality education including information on sexually transmitted diseases:	1	2	3	1	2	3
Age-appropriate education designed to decrease incidence of teen-aged pregnancies:	1	2	3	1	2	3
Education designed to teach nonviolent conflict resolution skills:	1	2	3	1	2	3

	Current Situation			Anticipated Change in Emphasis		
	Formal Program	Not Formal But Happens	Not Likely to Happen	Increase in Emphasis	No Change in Emphasis	Reduction in Emphasis
Education designed to assist children in identifying both inappropriate behavior *(abuse, neglect, etc.)* practiced toward them and sources of help:	1	2	3	1	2	3
Education about driver, passenger, and pedestrian automobile safety:	1	2	3	1	2	3
Education about injury prevention and safety hazards:	1	2	3	1	2	3
Light to moderate physical activity for at least 30 minutes *per day* during school hours:	1	2	3	1	2	3
Vigorous physical activity 3 days or more *per week* during school hours:	1	2	3	1	2	3
Fitness assessment conducted periodically:	1	2	3	1	2	3
Comprehensive counseling services:	1	2	3	1	2	3
Periodic vision screening:	1	2	3	1	2	3
Periodic screening for hearing problems:	1	2	3	1	2	3
Periodic screening for dental/oral health problems:	1	2	3	1	2	3

Programs for District Employees

Which of the programs below do you currently offer for district employees?

	Currently Offered	Being Considered	Not Offered
On-site physical activity and fitness	1	2	3
Nutrition education and/or weight-management	1	2	3
High blood pressure and/or cholesterol control education	1	2	3
Screening for conditions such as diabetes, high blood pressure, etc.	1	2	3
Stress management education	1	2	3
Early cancer detection and primary prevention education	1	2	3
Smoking-cessation workshops	1	2	3
Education about dangers of alcohol/drug abuse	1	2	3
Alcohol/drug abuse rehabilitation	1	2	3
Instruction concerning job-site injury prevention	1	2	3

Other *(please specify:* _____*)*

Appendix B

PLACES TO TURN

Publications, Audiovisuals, Speakers, Curricula, and Funds

KEY

1 Alcohol, tobacco and other drugs
2 Consumer health
3 Disease prevention and control
4 Environmental health
5 Mental health
6 Nutrition
7 Parenthood and family relationships
8 Personal and family survival
9 Personal health, growth and hygiene
10 Physical fitness
11 Safety and first aid
12 Sex education
13 School health education, general

C Curricula
P Publications
V Videos
S Speaker/Panelist
PS Peer speakers
T Training
F Funding
O Other

AGENCY/ CONTACT INFORMATION	KEY	HOW THE AGENCY HELPS
ABC News, INTERACTIVE 7 West 66th St. New York, NY 10023 212/887-2467 William E. Lord, vice president	C, V 13	Offers use of technology to foster student learning of health curricula. Ideas for overcoming biases of special interest groups toward health curriculum topics.
Alcoholics Anonymous P.O. Box 459 Grand Central Station New York, NY 10163 212/686-1100 Contact: local chapters.	1, 3, P, PS, T	Provides inservice for teachers; Ala-Teen; Alanon, a spouse support group. Publications.
American Alliance for Health, Physical Education, Recreation & Dance 1900 Association Drive Reston, VA 22091	9, 10	Offers pamphlets on physical education.
American Association for Counseling & Development 5999 Stevenson Ave. Alexandria, VA 22304 703/823-9000, ext. 383	P, 0	Provides bibliography of age-appropriate publications on eating disorders, children and divorce, and children and abuse. Referrals to local counselors.
American Association of School Administrators 1801 North Moore St. Arlington, VA 22201-9988 703/528-0700	3, 5, 7, 12, 13, C, P, V	Offers booklets and audiovisuals. Topics include wellness, school health, teenage pregnancy, as well as a curriculum guide for AIDS. Ask for publications/audiovisuals catalog.

American Association for World Health 2001 S St., NW, #530 Washington, DC 20009 202/265-0286	3, 9, C, V	Provides posters, teacher's World Health Day guide; Health for All Teaching Module. Classroom activities sheet for K-6. A curriculum guide for 7-12; Offers speakers; film/video.
American Cancer Society 3340 Peachtree Drive, NE Atlanta, GA 30326 404/320-3333 Contact: local chapters.	1, 3, 6, C, P, V, T	Provide educator's kits with supporting videos or 16 mm tapes. "Lady Killer" don't smoke posters; breast self-exam and testicular self-exam information; "Eat to Live" cards. Healthy Decisions computer software program (Apple compatible) and users' manual where students answer lifestyle questions in an adventure game format. An administrator's guide on how-to modify food selections in the cafeteria.
American Dental Association 211 Chicago Ave. Chicago, IL 60611 312/527-4800 Contact: state or local Dental Society.	1, 3, 6, C, V	Provides K-12 kit for Dental Health Month (February) and Smokeless Tobacco video.
American Heart Association 7320 Greenville Ave. Dallas, TX 75231 214/373-6300 Contact: local chapters.	1, 3, 6, C, P	Provides curriculum guide for 1-12; risk assessment test for heart attacks and stroke; posters, buttons, bumper stickers on smoking, nutrition, fitness and high blood pressure; heart-healthy recipes.
American Lung Association Special Projects 1740 Broadway New York, NY 10019-4374 212/737-8300 Contact: local chapters.	1, 3, C, P, 0	Provides K-4 teacher's kit and poster; and, for grades 7-12, offers biofeedback equipment to monitor skin temperature, pulse and muscle tremors following a cigarette. Ask about the K-12 Smoke-Free Class for the Year 2000.
American Psychiatric Association 1400 K St., NW Washington, DC 20005 202/682-6000	3, 5, C	Provides educator's kit, fact sheets, reproducible slicks.
American Trauma Society 1400 Mercantile Lane, #188 Landover, MD 20785 800/566-7890; 301/925-8812 (Md.)	11, C, P, V	Offers K-3 Tommy Trauma Health Safety Program, and a poster on choking prevention.
American Water Works Association Education Department 6666 W. Quincy St. Denver, CO 80235 303/794-7711	4, C, P	Provides the "Splash" comic book on safe drinking water and companion teacher's guide.

Association for the Advancement of Health Education 1900 Association Drive Reston, VA 22091 703/476-3400	3, 6, C	Offers resource list for nutrition education; student guide on AIDS; and, teaching ideas on health education for K-12.
American Diabetes Association Public Relations 1660 Duke St. Alexandria, VA 22314 800/232-3472; 703/549-1500 Contact: local chapters.	3, 6, C, P	Offers curriculum for K-10, outlines diet, insulin, blood-glucose; risk tests; buttons, posters and flyers. Prevention month, March.
American Food Service 1600 Duke St. Alexandria, VA 22314	6, P, S	Offers journal to discriminate research findings in area of food services and nutrition. Will work cooperatively with schools and districts concerning healthy students and nutrition.
Birthright 800/848-LOVE Contact: local offices.	12, P	A pro-life international service orgranization to assist women during pregnancy/adoption interval. Offers pamphlets; panelists.
Boy Scouts of America 1325 Walnut Hill Ln. P.O. Box 152079 Irving, TX 75015-2079 214/580-2000	1, 8, P, PS, V	Offers "Drugs: A Deadly Game" poster showing effects of drugs on the body, manual on safety "Should You Talk to Strangers?"
Centers for Disease Control, School Health and Special Projects, Division of Health Education, Center for Health Promotion and Education, 1600 Clifton Road, NE Atlanta, GA 30333 404/329-2829	13, P	Offers a compendium of evaluated, multiple health risk curricula programs.
Center for Science in the Public Interest 1501 16th St., NW Washington, DC 20036 202/332-9110	6, P, 0	Provides Nutrition Wizard computer program, fast-food guides; cookbooks, posters; "Creative Food Experiences for Children," and "Eat, Think and Be Healthy." A child nutritionist to answer questions.
Children's Defense Fund 122 C St., NW Washington, DC 20001 202/628-8787	P	Offers The Health of America's Children Series (1990).
Compcare Publications 2415 Annapolis Lane Minneapolis, MN 55441 612-559-4800	1, P	Offers An Elephant in the Living Room: A Guide for Working With Children of Alcoholics. Designed to help children from 8 to early adolescence who live in alcoholic or drug abusive homes.

Educational Media Corporation P.O. Box 21311 Minneapolis, MN 612/636-5098	5, C	Provides Friends Helping Friends: A Manual for Peer Counselors, by Carol Painter and Leading a Friends Helping Friends Peer Program, also by Painter. Guidelines and materials for the selection and training of peer counselors.
Environmental Protection Agency Office of Pollution Prevention (PM-219) 401 M St., SW Washington, DC 20460 202/475-9327	4, P	Offers The Wicked Dragon coloring book on hazardous wastes.
Girl Scouts of America 830 3rd Ave. New York, NY 10022 212/940-7500	1-13, PS	Contact local chapters.
Handgun, Control, Inc. 1225 Eye St., NW Washington, DC 20005 202/898-0792	5, C, V	Offers curriculum kit on conflict resolution skills, and video on violence.
Healthy Me Compendium Metropolitan Life Insurance Co. Health & Safety Education Division One Madison Ave. New York, NY 10010-3690 212/578-3867	13, P	Provides booklet about the 150 award-winning school health education programs funded by Metropolitan Life Foundation.
HEALTHY PEOPLE 2000 Public Health Service U.S. Department of Health and Human Services Coordinator: Offfice of Disease Prevention and Health Promotion 330 C St., SW Washington, DC 20201 202/472-5307 Contact: Chris DeGraw.	P	Contains national health objectives for the nation and baseline data with statistics.
March of Dimes Birth Defects Foundation 1275 Mamaroneck Ave. White Plains, NY 10605 914/428-7100 Contact: local chapters.	3, 12, C, V	Provides curriculum kits. K-12 posters, pamphlets on birth defects, teenage pregnancy prevention, and sexually transmitted diseases, as well as a "Family Medical Record."; videos on teen pregnancy.
Mothers Against Drunk Driving (MADD) P.O. Box 541688 Dallas, TX 75354-1688 214/744-6233 Contact: local chapters.	1, T, S	Offers inservice for teachers; guest lecturers; brochures. Political action groups.

Narcotics Anonymous P.O. Box 9999 Van Nuys, CA 91409 818/780-3951 Contact: local hospital or local chapters.	I, T, S	Speakers.
National Cancer Institute Health Promotion Sciences Branch 9000 Rockville Pike Bethesda, MD 20892-4200 800/4-CANCER. Contact: Headquarters for referral to local offices.	3, 6, P	Provides quit smoking materials, posters, pamphlets and recipes to reduce your risk of cancer.
National Committee for Prevention of Child Abuse 332 South Michigan Ave., #1600 Chicago, IL 60604 312/663-3520.	11, P, T	Offers Spiderman comic book on sexual, emotional and physical abuse and teaches children how to protect themselves. Training series for teachers "Kids and Company."
National Council on Alcoholism, Inc. 12 West 21st St. New York, NY 10010 212/206-6770 Contact: Public Relations.	1, 3, P	Offers kit for Fetal Alcohol Awareness month (May); Alcohol Awareness Month (April) and Alcohol-free Weekend (April).
National Dairy Council 6300 North River Road Rosemont, IL 60018 312/696-1880 Contact: local chapters.	6, P	Offers poster, kits, and recipes.
National Council on Self-Help & Public Health 310 Maple Ave., W. Vienna, VA 22180	P	Promotes self-help groups for specific disabilities. Many projects directed to adolescent concerns.
National Extension Homemakers Council, Inc. HCR-7, Box 2915 Water View VA 23180 804/758-5174 Contact: local chapters or Headquarters chairman of health, food and nutrition.	O	Serve as task force members and political action groups, locally and nationally.
National Mental Health Information Center 800/969-NHMA	3, 5	Provides a central clearinghouse for information on mental health publications.
National PTA 700 North Rush St. Chicago, IL 60611 312/787-0977	I, P, O	Offers materials for PTA Drug and Alcohol Awareness Week (March). National and state PTA groups for for political action groups and task force members.

National Safety Council 444 North Michigan Ave. Chicago, IL 60611 (312) 527-4800	11, P	Provides pamphlets and posters on bicycle safety, child passenger safety, boating safety.
National School Boards Association 1680 Duke St. Alexandria, VA 22314 703/838-6722	13, P	Offers a guide to non-smoking policies for schools; a kit of classroom activities and family participation ideas; and, a list of age-appropriate health education materials available from the American Cancer Society, American Heart Association and American Lung Association.
Joan Ohl, Shirley Gilmore, Dr. Kotchen P.O. Box 2150 Clarksburg, WV 26302 (304) 842-5461		How to build partnerships with the businesses & community organization; curriculum, cookbook, puppets, video tapes, ideas for funding.
Office of Disease Prevention and Health Promotion, National Health Information Center Publications, U.S. Department of Health and Human Services P.O. Box 1133 Washington, DC 20013-1133 800/336-4797 301/565-4167 (Md.)	1-13, P	Ask for publications list and free publications.
Office of Minority Health Resource Center P.O. Box 37337 Washington, DC 20013-7337 800/444-6472	P	Offers a number of fact sheets, reports, and informational materials.
Office on Smoking and Health, Technical Information Center Park Building, Room 116 5600 Fishers Lane Rockville, MD 20857 301/443-1690	1, 3, P	Offers posters for pamphlets, "Tips on quitting" smoking.
Planned Parenthood Federation of America NFSEM, 810 Seventh Ave. New York, NY 10019 212/541-7800 Contact: local chapters.	3, 12, P	Offers pamphlets and instruction on sexually transmitted diseases, and on birth control. A flip chart supports talk. Panelist on teenage parenting.
Poison Prevention Week Council 5401 Westbard Ave. Bethesda, MD 20207 301/492-6580	11, P	Offers packet of materials and poster.
President's Council on Physical Fitness & Sports 450 5th St., NW, #7103 Washington, DC 20001 202/272-3424 Matthew Guidry	10, P	Provides pamphlets, presidential fitness awards, and planning pamphlets.

QUEST P.O. Box 430 Newark, OH 43055 800/446-2700 (U.S.) 614/522-6400 (Alaska, Hawaii, and Canada)	1-13, C	Offers a multifaceted, successful program for grades K-12. Must undergo teacher training before purchasing curriculum.
Students Against Drunk Driving (SADD) No national headquarters. Contact: local groups.	1, PS	Peer speakers. Political action groups.

Appendix C

PUBLIC HEALTH SERVICE— U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES SCHOOL-RELATED OBJECTIVES

1. PHYSICAL ACTIVITY AND FITNESS
   - Increase to at least 50 percent the proportion of children in 1st through 12th grade who participate in daily school physical education.
   - Increase to at least 50 percent the proportion of school physical education class time that students spend being physically active, preferably engaged in lifetime physical activities.
2. NUTRITION
   - Increase to at least 90 percent the proportion of school lunch and breakfast services and child care food services with menus that are consistent with the nutrition principles in the "Dietary Guidelines for Americans."
   - Increase to at least 75 percent the proportion of the nation's schools that provide nutrition education from preschool through 12th grade, preferably as part of quality school health education programs.
3. TOBACCO
   - Establish tobacco-free environments and include tobacco use prevention in the curricula of all elementary, middle, and secondary schools, preferably as part of quality school health education.
4. ALCOHOL AND OTHER DRUGS
   - Increase the proportion of high school seniors who perceive social disapproval associated with the heavy use of alcohol, occasional use of marijuana, and experimentation with cocaine, as follows:

Behavior:	Baseline 1989	Target 2000
Heavy use of alcohol	56.4%	70%
Regular use of marijuana	71.1%	85%
Trying cocaine once or twice	88.9%	95%

   - Increase the proportion of high school seniors who associate risk of physical or psychological harm with the heavy use of alcohol, regular use of marijuana, and experimentation with cocaine, as follows:

Behavior:	Baseline 1989	Target 2000
Heavy use of alcohol	44.0%	70%
Regular use of marijuana	77.5%	95%
Trying cocaine once or twice	54.9%	80%

   - Reduce to no more than 3 percent the proportion of male high school seniors who use anabolic steriods.
   - Provide to children in all school districts and private schools primary and secondary educational programs on alcohol and other drugs, preferably as part of quality school health education.
5. FAMILY PLANNING
   - Increase to at least 85 percent the proportion of people aged 10 through 18 who have discussed human sexuality, including values surrounding sexuality, with their parents and/or have received information through another parentially-endorsed source, such as youth, school or religious programs.
6. VIOLENT AND ABUSIVE BEHAVIOR
   - Increase to at least 50 percent the proportion of elementary and secondary schools that teach nonviolent conflict resolution skills, preferably as a part of quality school health education.

7. EDUCATION AND COMMUNITY-BASED PROGRAMS
   - Increase the high school graduation rate to at least 90 percent, thereby reducing risks for multiple problem behaviors and poor mental and physical health.
   - Achieve for all disadvantaged children and children with disabilities access to high quality and developmentally appropriate preschool programs that help prepare children for school, thereby improving their prospects with regard to school performance, problem behaviors, and mental and physical health.
   - Increase to at least 75 percent the proportion of the Nation's elementary and secondary schools that provide planned and sequential kindergarten through 12th grade quality school health education.
8. UNINTENTIONAL INJURIES
   - Provide academic instruction on injury prevention and control, preferably as part of quality school health education, in at least 50 percent of public school systems (grades K through 12).
   - Extend requirements of the use of effective head, face, eye, and mouth protection to all organizations, agencies, and institutions sponsoring sporting and recreation events that pose risks of injury.
9. ORAL HEALTH
   - Increase to at least 90 percent the proportion of all children entering school programs for the first time who have received an oral health screening, referral, and followup for necessary diagnostic, preventive and treatment services.
     Note: School programs include Head Start, prekindergarten, and first grade.
   - Extend requirements of the use of effective head, face, eye, and mouth protection to all organizations, agencies, and institutions sponsoring sporting and recreation events that pose risks injury.
10. HIV INFECTION
    - Increase to at least 90 percent the proportion of schools that have age-appropriate HIV education curricula for students in 4th through 12th grade, preferably as part of a quality school health education program.
      Note: Strategies to achieve this objective must be undertaken sensitively to avoid indirectly encouraging or condoning sexual activity among teens who are not yet sexually active.
11. SEXUALLY TRANSMITTED DISEASES
    - Include instruction in sexually transmitted disease prevention in curricula of all middle and secondary schools, preferably as part of quality school health education.
12. IMMUNIZATION AND INFECTIOUS DISEASES
    - Increase immunization levels as follows:
      —Basic immunization series among children under age 2: at least 90 percent.
      —Basic immunization series among children in licensed child care facilities and kindergarten through postsecondary education institutions: at least 95 percent.
      —Pneumococcal pneumonia and influenza immunization among non-institutionalized, high-risk populations, as defined by the Immunization Practices Advisory Committee: at least 60 percent.
      —Hepatitis B immunization among high-risk populations, including infants of surface antigen-positive mothers to at least 90 percent; occupationally exposed workers to at least 90 percent; IV drug users in drug treatment programs to at least 50 percent; and homosexual men to at least 50 percent.
    - Expand immunization laws for schools, preschools, and day care settings to all states for all antigens.

WORKSITE-RELATED OBJECTIVES

1. TOBACCO
   - Enact in 50 state comprehensive laws on clean indoor air that prohibit or strictly limit smoking in the workplace and enclosed public places (including health care facilities, schools, and public transportation).

2. ALCOHOL AND OTHER DRUGS
   - Extend adoption of alcohol and drug policies for the work environment to at least 60 percent of worksites with 50 or more employees.

3. MENTAL HEALTH AND MENTAL DISORDERS
   - Increase to at least 40 percent the proportion of worksites employing 50 or more people that provide programs to reduce employee stress.

4. EDUCATIONAL AND COMMUNITY-BASED PROGRAMS
   - Increase to at least 85 percent the proportion of workplaces with 50 or more employees that offer health promotion of a comprehensive employee health promotion program.

5. PHYSICAL ACTIVITY AND FITNESS
   - Increase the proportion of worksites offering employer-sponsored physical activity and fitness programs as follows:

Worksite size	1985 Baseline	2000 Target
50-99 employees	14%	20%
100-249 employees	23%	35%
250-749 employees	32%	50%
750 employees	54%	80%

6. NUTRITION
   - Increase to at least 50 percent the proportion of worksites with 50 or more employees that offer nutrition education and/or weight management programs for employees.

Leadership for Learning

American Association of School Administrators
1801 North Moore Street • Arlington, Virginia 22209-9988 • 703/528-0700